COMMONWEALTH CODE INSPECTION SERVICE, INC.

Submittal requirements to obtain a building permit for:

NEW MANUFACTURED / MODULAR HOME on BASEMENT / CRAWLSPACE / PIERS

(includes - modular, sectional and house trailers)

- Completed two page application (make sure it is signed at the bottom of page)
- Permission from the municipality in the form of a checklist (signed and sealed)
- Installer's certificate (sectional and house trailer)
- Foundation plan, include the following on the drawing:
 - Footer size
 - Type of wall, either block or poured and wall thickness with rebar
 - The wall height and show the emergency escape and rescue opening
 - Pier footing size
 - If applicable, beam size and span between posts
- Site plan (must contain setback dimensions in four directions)
- Deck plan if over 30" high
- DAPIA approved installation manual (if available)
- Driving directions
- Proof of workman's compensation insurance, sole proprietorship or religious exemption
- > After submitting all required documents your application will be reviewed.
- CCIS will contact you with approval or denial within 2 weeks.
- If approved, your permit will be issued and the inspection fees are due before the permit is released to you.

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

2009 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

| Application Date | | Aj | oplication No | |
|--|---|--|--|--|
| | <u>1. PROP</u> | ERTY OWNER'S INFO | RMATION | |
| Tax Map | Owner | | | |
| | | | | |
| Parcel No | Site Address | | | |
| Zone: Agricultural | Commercial Conserv | vationIndustrial | Residential | |
| | <u>2.</u> <u>BUIL</u> | DING OWNER'S INFO | RMATION | |
| First Name: | Mi:. | Last Name: | | Phone No.: |
| Street Address: | City: | | State: | Zip: |
| | 3. BUI | LDING PERMIT APPLI | CATION | |
| Description of Work: (p | rovide details on plot plan alc | ong with existing structures | on lot) | |
| | | | | |
| Total Lot Area | Acres/Sq. Ft. E | STIMATED COST OF CO | ONSTRUCTION:\$_ | |
| ICC Use Group: | IC | CC Construction Type: | | <u> (</u> |
| ESTIMATED START DATE / / ESTIMATED COMPLETION DATE / / | | | | |
| Harmon Control of the | <u>4.</u> <u>N</u> | MUNICIPAL INFORMA | TION | The state of the s |
| Municipality | F | U | se Permit No | |
| Permits Required: Sewage Certific | cate Type: Public | On LotP | ermit No | |
| Driveway Certificate Type: Twp PennDot Permit No | | | | |
| Type of Water System: Public Well Other | | | | |
| Storm Water Manageme | ent ? | | | |
| Soil Erosion Plan ? | | Soil Conservation Revie | ew ? | |
| and that I have been authresponsibility for the est | n the owner of record of the na horized by the owner to make ablishment of official property e laws of this jurisdiction. I fu | this application as his auth y lines for required setback | orized agent and I ur s prior to the start of | derstand and assume construction, and agree to |
| APPLICANT SIGNATU | JRE | | DA′ | ГЕ |
| Address | AddressPhone No | | | |

6. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

| Name of Contractor Chief Executive Officer Person in Charge of Work | | | Phone No | | |
|---|--------------------------|---------------------------------|-----------------|----------|--|
| | | | | | |
| | | | | | |
| Contractor Address | | | | | |
| City | | | State | Zip | |
| Home Improvement Co | ntractor Registration # | | | | |
| Proof of "Workman's C | Compensation" Insurance_ | | | | |
| N | 7. S | UBCONTRACTOR IN | EODMATION | | |
| | | ractors for major trades, use a | | | |
| Contractor | | City, State, Zip | Äl | Phone No | |
| Contractor | | City, State, Zip | | Phone No | |
| Contractor | <u> </u> | City, State, Zip | | Phone No | |
| Contractor | | City, State, Zip | | Phone No | |
| Contractor | | City, State, Zip | | Phone No | |
| | | 7. OFFICE INFORMA | ATION | | |
| APPLICATION FEE: | \$ | | ISSUANCE DATE | | |
| PERMIT FEE: | \$ | | EXPIRATION DATE | | |
| INSPECTION FEES | \$ | | EXTENSION DATE | | |
| TOTAL FEES | \$ | | | | |
| APPLICATION IS: | GRANTED | DENIED | | | |
| SIGNATIDE OF DEDA | AIT OFFICED | | | DATE | |

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.

| Buildi | ng Permit# | | |
|----------------|--|--------------------------------------|---|
| | MANUFAC | TURED HOM | E INSTALLATION NOTIFICATION |
| home includ | ndersigned does hereby certify and will be installed in accordance wit | l guarantee to Co h the manufactu | ommonwealth Code Inspection Service that the manufactured rers approved design and will comply with all applicable standards, and processes not covered by the Manufactured Home Construction |
| Owne | rs Name: | | Phone # |
| | | | |
| Job Ad | ddress: | | |
| Make | of Manufactured Home: | | Year of Manufactured Home: |
| Size of | f Manufactured Home: Length | Width | Serial # Of Manufactured Home: |
| This is | a: | | |
| 0 | New Manufactured Home | | |
| 0 | Used Manufactured Home Manu | factured Prior To | 1976 |
| 0 | | | 775 (The Habitability Guide Checklist must be completed and home installed prior to issuance of the Certificate of |
| Will th | ne Manufactured Home Be Installed | l On: | |
| 0 | Piers | - 4000 | |
| 0 | Crawl Space | | |
| 0 | Full Basement | | |
| AC Uni | it Included: | | |
| 0 | Yes | | |
| 0 | No | | |
| Deck S | iize:X | | |
| deck a | | -supported with | n 4' X 4'. No attachment to or support by the mobile home. All out written approval from the manufacturer. All footers and |
| nstalle | er: | | |
| Installe | er Address: | | |
| | | | Fax |
| nstalle | ers License of Certification # | | |
| 0 | I am not yet certified by the Depa | irtment of Comm | nunity and Economic Development. |

For all new units the Manufacturers Installation or Setup Manual apply and must be onsite. For all used units you must follow the installation or setup manual for the unit, follow the guidance of ANSI A225.1 – 1994, or provide specific engineering signed and sealed by a licensed design professional.

o Check if installer is also the owner.

Installation Checklist for Relocated Manufactured Homes

ATTENTION: Certified Pennsylvania Manufactured Home Installers must properly complete this checklist to assure proper installation. See page 2 of the DCED Installation Guide for other information regarding installer responsibilities.

| Owners N | Name: | | Phone No. |
|--|--|---|---|
| Current A | Address: | | |
| Job Site A | Address: | | |
| | lity: | | |
| Manufa | ctured Home Stats | Exterio | r |
| Make of | Man. Home: | | Roof shingles are free from damage. |
| | Man. Home: | | Roof ridge vent is installed correctly (if applicable). |
| | Manufactured Home:X | | Any penetration in the roof is properly seale |
| | | | Siding is free from damage. |
| Serial # | of Man. Home: | Interior | r |
| | tion Support Footings are properly sized and constructed | | from major defects. |
| П | for the soil conditions. Piers are spaced and constructed according | | Windows operate properly. |
| Ц | to the tables provided. | | Exterior doors operate properly. |
| | Perimeter blocking is provided (if necessary). | | Marriage line is properly sealed from air infiltration. |
| | Piers at each side of openings four feet or larger (side wall and marriage line). | System | s Electrical fixtures operate |
| | Shims are in place and tight. Home is level. | | properly (Operational / Polarity). |
| Anchors | | | Water lines are free from defects (leaks). |
| | Approved anchors are used. | | Drainage system is free from defects (leaks) |
| | Anchor spacing is correct. | | Gas system is free from leaks. |
| | Anchors are installed to full depth. | | Smoke alarms operate properly. |
| | Straps are installed at correct angles. | Applian | |
| | Straps are protected at the sharp corners. Stabilizing plates are installed. | | Appliance venting is in accordance with manufacturer's instructions. |
| Under ti | he Home | | Fireblocking is complete. |
| | Site is properly graded. | | Fresh air intakes are properly installed. |
| | Ground moisture barrier is installed. | | Appliances are working properly. Fireplace chimney stack and combustion |
| | No holes or tears are present in the bottom board. | | air intake are completed properly. |
| | Skirting is properly installed. | | Anti-tip device for the cooking range is properly connected. |
| | Crawl space is properly ventilated. | | range is properly connected. |
| ereas, Pen ulations proceed here using as propered. I agree her of reco enter the visions of t uired setba | insylvania DCED, through Act 40 -2012, the Manufactoromulgated thereunder, require that a Certified Inscein has been inspected by me and found to meet thromulgated by the PA - DCED Manufactured Housies to conform to all applicable local, state, and federed or have the authority of the owner of record to graph property and the manufactured housing unit, at a the Codes governing this project. I understand and as acks prior to the start of construction, and agree to construction, and agree to construction. | taller submit to the installation of the Standards I that laws governant that the Co- thy reasonable to sume responsion form to all ap | Improvement Act (35 P.S. 1658) as amended his checklist and that the manufactured hous and habitability guidelines for relocated manufolivision November 2013, or the most recenting the execution of this project. I certify that I de official or his representative shall have the a hour during the installation process, to enfobility for the establishment of official property oplicable laws of this jurisdiction. |
| | fy that this information is true and correct to the best | - | |
| | SIGNATURE: | | |
| PRINT NAM | ME (legibly): | | Phone No.: |

Rev. V4.0 6/1/14 rcm

Habitability Checklist for Relocated Manufactured Homes

Use this checklist to aid in confirming compliance with the habitability guide for relocated manufactured homes. All items must be correct prior to occupancy. A completed checklist must be submitted to the local building code official as part of the building permit process.

| Home A | Address: | | |
|----------------------|--|-------------------------|---|
| Data P | late, Serial Number & Certification Label | Ventil | ation |
| | Locate the serial number from the front chassis crossmember and the certification labels from the exterior siding. Cross reference to the data plate in the home. See page 2. | | Clothes dryer exhaust ducts terminate outside of the skirting crawl space enclosure. See page 4. Kitchen, bath and toilet compartment fans are |
| | Verify the home was certified as a manufactured home and that it was designed and constructed | Heatir | operational. For homes built after Oct 25, 1993, see page 4. |
| | for the Pennsylvania climate zone. | | Heating facilities are in working order. |
| Floors | | | Registers and grills are in place at all outlets and |
| | Floor is structurally sound. Floor coverings are secure and do not present tripping hazards. | | intakes for the heating system. |
| | Floor insulation is properly installed in floor | Fuel Burning Appliances | |
| | cavity, especially at access areas. | | All vents, flu pipes, chimneys, etc. are properly |
| □ Walls | Bottom Board is patched and secure. See page 5. | 1£ | installed, and are free from rust, damage or any condition that could result in a leak of |
| | Walls are structurally sound, without holes, breaks or protrusions. | | combustion gases into the home. See page 4. Fire-blocking is adequately installed where |
| | Doors and windows are operational with proper glazing. See page 3. | | vents, flu pipes, chimneys or other penetrations are present in the ceiling or walls inside furnace and water heater compartments. See page 5. |
| Ó | Doors are equipped with proper hardware. See page 3. | | Fuel supply piping is properly installed and supported. |
| Exterio | r Coverings | € | Fuel supply piping has been tested for leaks by |
| | Roofing material free from obvious defects, holes, etc. | _ | qualified personnel. |
| | Roof caps, vents, flashing, etc. are properly installed. Fireplace chimneys are the proper height (3' above the roof where it passes and 2' higher than any part of the building with 10' of | Electric | cal Systems All electric receptacles, switches, junction boxes, fixtures, etc. are properly installed with appropriate cover plates. See page 5. |
| | the chimney). | | All electrical crossovers are properly assembled |
| | Siding material is free from obvious defects, | | and secured. See page 5. |
| around penetrations. | | | Operational test assured that all electrical devices operate properly. |
| Sanitar | y Facilities | | Ground Fault Circuit Interrupters (GFCI) where |
| | Plumbing system is in good working order and | _ | required, test and reset properly. See page 5. |
| | free from defects, leaks and obstructions. See page 4. | | All exposed metal parts likely to be energized have been bonded. |
| | Drain piping under the floor is properly sloped and supported every 4'. See page 4. | | Proper smoke detectors/alarms placement and operation. See page 3. |
| | Water supply line crossover insulation and covers are properly installed. | | Proper carbon monoxide alarm placement and operation, if applicable. See page 4: |
| | Hot water appliance is properly installed and in good working order. | | operation, il applicable. See page 4: |

MANUFACTURED (MOBILE) HOME REQUIREMENTS

- 1. A building permit is required before a mobile home can be installed upon a lot. The permit should be placed at the site where it can be seen by the inspector. Manufacturers Installation Instructions should also be on site if available. If available they take precedence.
- 2. Footings and missionary block supports must meet the minimum requirements of the building code. The attached information meets the minimum requirements; however, other methods may be acceptable.
- Anchoring the mobile home (tie downs) must meet the minimum requirements of the code. Attached are suggested methods, however, others may be acceptable.
- 4. Adequate steps with handrail and guardrail must be installed at the main entrance before occupancy.
- 5. A minimum 3'x3' landing is required at all exterior doors.
- 6. Do not move into a mobile home until you have received a final inspection and a Use and Occupancy permit has been issued.

MINIMUM BLOCKING STANDARDS (EVERY 8 FEET AND WITHIN 2 FEET OF THE ENDS)

- 1. Except for corner piers, piers 36 inches or less in height may be constructed of masonry units, placed with cores or cells vertically. Piers shall be installed with their long dimension at right angles to the main frame member; the support shall have a minimum cross-section area of 128 square inches. Piers shall be capped with a minimum 4 inch solid masonry unit or equivalent.
- Piers between 36 and 80 inches in height and all corner piers over 24 inches in height shall be at least 16 inches square consisting of interlocking masonry units and shall be fully capped with a minimum 4 inch solid masonry unit or equivalent.
- 3. Piers over 80 inches in height may be constructed in accordance with the provisions of Item No. 2 above and the pier shall be filled solid with grout and reinforced with 4 continuous No. 5 bars. One bar shall be placed in each corner cell of hollow masonry unit piers or in each corner of the grouted space of piers constructed of solid masonry units.
- 4. Cast-in-place concrete piers meeting the same size and height limitations of item Nos. 1, 2 and 3 above may be substituted for piers constructed of masonry units.

TIE DOWN STANDARDS (EVERY 11 FEET AND WITHIN 3 FEET OF THE ENDS)

- 1. All new mobile homes shall be anchored with tie downs at locations provided by the manufacturer.
- 2. All used mobile homes shall be anchored with tie downs at locations required by ANSI 225.1.
- 3. Ground anchors can be the screw auger type with a minimum double helix diameter of four (4) inches and sunk into stable soil a depth of at least thirty (30) inches. Steel rods set into at least twenty four (24) inches of concrete, shall have a minimum diameter of 5/8 inches, and have a forged or welded eye at the top and a yoke-type fastening and tensioning device or galvanized turnbuckle. Ground anchors shall be resistant to weathering deterioration and shall be capable of withstanding the vertical pull required by either the installation manual or ANSI 225.1

- 4. Tie-downs shall be fastened to ground anchors and drawn tight with ¾ inch galvanized turnbuckle or yoke-type fastening and tension devices.

 Turnbuckles shall be ended with jaws forged or welded eyes.
- 5. Cables shall be as required in the installation manual or ANSI 225.1

FOOTINGS

- 1. Pier foundations shall be a minimum of sixteen (16) by sixteen (16) by four (4) inches solid precast concrete pad, or sixteen (16) by sixteen (16) by sixteen (16) inches concrete poured in place. Exact dimensions shall be determined by the installation manual for new units or ANSI 225.1 for units which do not have the installation manual available.
- 2. All piers for mobile homes shall have a minimum cover of soil of thirty-six (36) inches to the bottom of the pier footing.

ADDITIONAL REQUIREMENTS:

Clearances underneath manufactured homes must be maintained at a minimum of eighteen inches beneath at least seventy-five percent of the lowest member of the main frame (I-beam or channel beam) and the ground or footing. No more than twenty-five percent of the lowest member of the main frame of the home shall be less than eighteen inches above the ground or footing. In no case shall clearance be less than twelve inches anywhere under the home (exception to ANSI A225.1).

During the installation process, a ground cover must be installed under all manufactured homes. The ground cover must be a minimum of six-mil *black* polyethylene sheeting or its equivalent (exception to ANSI A225.1). The ground cover may be omitted if the under floor area of the home has a concrete slab floor with a minimum thickness of three and one-half inches.

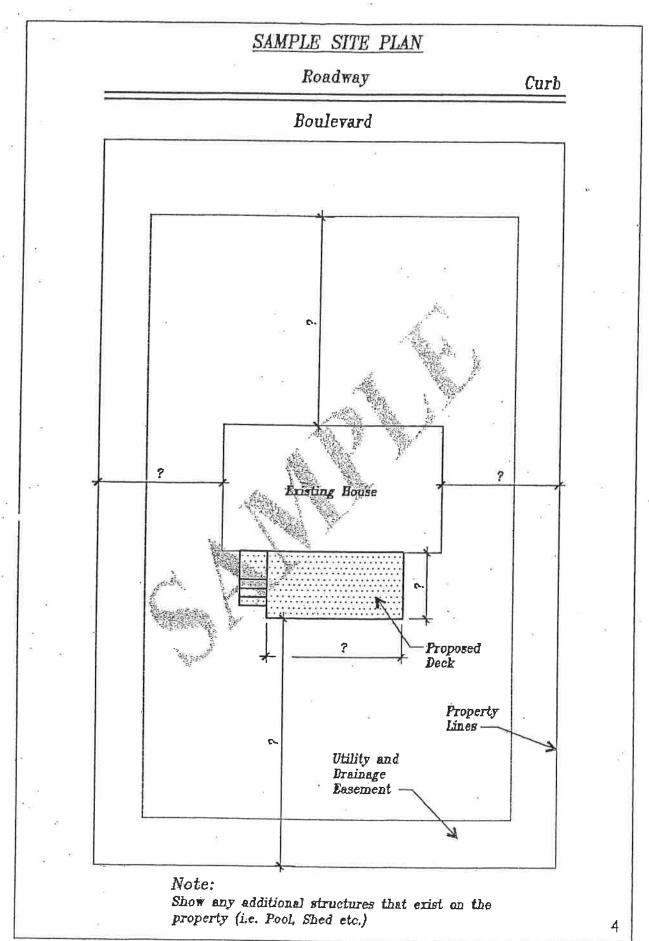
NEW manufactured housing must be installed according to the manufacturer's approved installation instructions and be installed by a licensed installer.

A completed Certificate of Compliance form must be provided to CCIS within 5 days of completion of the installation of the home to obtain the certificate of occupancy.

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to building permit application)

| YesNo |
|---|
| If the answer is "yes", complete Section B or C below. |
| If the answer is "no", complete Section C below. |
| ****************************** |
| B. Insurance Information: |
| Name of Applicant |
| Federal or State Employer Identification No. |
| Applicant is a qualified self-insurer for Workers' Compensation |
| Original Certificate attached. |
| Name of Workers' Compensation insurer |
| Workers' Compensation Insurance Policy No. |
| Original Certificate attached. |
| Policy Expiration Date |
| ************************************** |
| C. Exemption MUST BE NOTARIZED |
| Complete Section C if the applicant is a contractor or homeowner claiming exemption from |
| providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not |
| required to provide workers' compensation insurance under the provisions of Pennsylvania's |
| Worker' Compensation Law for one of the following reasons, as indicated. |
| Contractor with no employees. Contractor prohibited by Law from employing any |
| individual to perform work pursuant to this building permit unless contractor provides proof of |
| insurance to the Municipality. |
| Homeowner who elects to perform all of the work without contracting or hiring others to |
| assist. |
| Religious exemption under Worker' Compensation Law. |
| |
| ************************************** |
| Signature of applicant: |
| Address: |
| × |
| ************************************** |
| Commonwealth of Pennsylvania |
| County of |
| County of |
| officer, personally appeared, known to me (or satisfactorily |
| proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he |
| executed the same for the purposes therein contained. |
| In witness whereof, I hereunto set my hand and official seal. |
| Notary Public |



DIRECTIONS

(to be filled in completely before permit will be issued)

| Last name of owner: | | | |
|---------------------|--|--|--|
| Address of project: | | | |
| Directions: | | | |
| | | | |
| | | | |
| | | | |
| AT. | | | |
| | | | |

Please note

Inspectors cannot inspect what they cannot find, please make directions clear.

Please use road or street names, distances between turn offs, whether traveling north, south,
east or west. Landmarks are very helpful.